Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969201	A. BUILDING: _____ B. WING _____	12/08/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLD CHOICE DELTONA	2310 N NORMANDY BLVD DELTONA, FL 32725

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint investigation (complaint numbers 2020019314, 2020013739, 2020014846, 2020015002, 2020015516, and 2020019026) and Focused Control survey was conducted at Gold Choice Deltona on to . Deficient practice was identified at the time of the survey.	A 000		
A 160	59A-36.015(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but	A 160		

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A 160	Continued From page 1 intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . . . . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related . . . . . , a copy of all such facility advertisements as required by section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C. (j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40,	A 160		

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A 160	Continued From page 2 F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on a review of facility records and interview with staff, the facility failed to maintain a complete admission and discharge log that included the date of discharge, reason for discharge and identification of the facility or address to which the resident was discharged for 7 out of 18 discharged residents in the sample (Residents 1, 11, 13, 14, 15, 17 and 18). The findings include: A review of the facility's admission and discharge log revealed incomplete entries related to resident's date of discharge, reason the resident was discharged and/or the location the resident	A 160		

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A 160	Continued From page 3 was discharged to, including: Resident 1 was admitted to the facility on and discharged home with family. No address was provided. The reason she was discharged stated "independent". No discharge date was noted on the log. Resident 11 was admitted to the facility on and discharged home with family. The family member was not identified on the log, and no discharge address was provided. The discharge date was left blank. Resident 13 was admitted on and discharged . There is no reason for discharge or location the resident was discharged to. Resident 14 was admitted on and discharged to another nursing facility. There was no reason for her discharge noted. Resident 15 was admitted on and discharged to another assisted living facility. There is no reason for discharge listed. Resident 17 was admitted on and discharged on . The reason for her discharge was home with family, but did not specify which family member. The place the resident was discharged to was left blank.	A 160		

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A 160	Continued From page 4 Resident 18 was admitted on . . . . and discharged on for a higher level of care. The discharge location was left blank. An interview was conducted with the Administrator at 12:35 prn on . She reviewed the admission and discharge log and confirmed the missing information. She acknowledged the requirement for complete information to be included on the log. Class III	A 160		